CALVIN .

	USER (CHARGE	SELF MO	NITORING REP	ORT		
NAME:	ASB	FAMOUS C	EFILTE FISH	t, INC.		IUN 1 7 2008	
ADDRESS:	209 N	ICLEAN BOI	ILAVARD F	PATERSON, NJ 073	504		
FACILITY LOCATION:	209 N	ICLEAN BOI	ILAVARD F	PATERSON, NJ 075	504		
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I certify under penalty of law accordance with a system de	y tnat tnis do signed to as	sure that and	an attacome alified persor	nts were prepared u mel properly gather	inger my gire r and evaluati	ction or supervisic e the information	n in
submitted. Based on my inqu	uiry of the p	erson or per	sons who ma	nage the system, or	those persons	s directly responsi	ble for
gathering the information, the	he informati	ion submitte	d is, to the be	st of my knowledge	and belief, to	ue, accurate and	
complete. I am aware that the and imprisonment for know			ities for subm	ntting talse informa	uon, includir	ig the possibility o	1 IME
SIGNATURE OF PRINC AUTHORIZED AG			TYPE NAME	E AND TITLE	TELE	PHONE NUMBE	\mathbb{R}
		Motty I	Berger		973-523-41	101 ext. 103	

PVSC FORM MR-2 REV.3 6/93

DATE June 16, 2008



COMPLETE ANALYSIS LABORATORIES INC.

WEBSITE: www.calilabs.com 1259 Route 46, Building #4/C

NJDEP Certified Laboratory No. 14964

Parsippany, NJ 07054-4909

E-MAIL: calilabs@earthlink.net

973-335-CALI FAX 973-335-0556

Mr. J. Major A&B Famous Gefilte fish Inc. 209 McLean Blvd Paterson, NJ 07054

ANALYSIS REPORT

REPORT DATE: MAY 21, 2008
PROJECTNO 912724
PROJECT NO : 813524
LAB ID NO: 813524.1
FIELD ID NO: ABEG 0513

Sample: Liquid, Sampled by Customer on 5/13/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	472	5/14/08 8:40	2.0	1
TSS	160.2	76.4	5/15/08 8:00	4.0	1
	·				

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected $RL = MDL \times DF$

Approved By:

Zvi Blank, Ph.D., CHMM **Laboratory Director**

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CHAIN OF CUSTODY

PAGE OF (Lab use only) No. 213524

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COMPLETE ANALYSIS LABORATORIES, INC.

1259 ROUTE 46 BLDG. # 4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI FAX: (973)335- 0556

STATE

NJ

DELIVERABLES: (CIRCLE ONE)

OTHER (Specify)

NJDEP LAB CERTIFICATION # 14964

CLIENT A&B FAMOUS GEFILTTE FISH INC.

ADDRESS 209 MCLEAN BLVD

CITY PATERSON

ZIP

07054

CONTACT -	J. MAJO)R	PHONE	(973)€	523-4101	X 109	~
PROJECT	WASTEWATER						
SAMPLER	name	6. Pr	mor	sign	an		
WITNESSED BY	name			. •		1	

LAB ID	FIELD ID	SAMPLING DATE/TIME	M	Т	No	Р	ANALYSIS
813524,1	ABFG- CO13	0115/12 13:10	A	С	1	С	BOD,TSS
81252-41	ABFG- 0315	J13/03 13:10	A	c	1	Hn,C	Pb,Zn,Cd,Cu,Hg,Ni
PEMARKS	COMPOSITE SAMPLI	ER WAS SET UP ON MILOS	* 131c	~o·	; SAI	MPLE WAS	COLLECTED ON 3/13 03 F
	SAMPLING FREQUE	NCY - 30 MINUTES.					

RECEIVING DATE TIME METHOD OF RECEIVED BY **RELINQUISHED BY ORGANIZATION** RELINQUISH. NAME **SIGNATURE NAME SIGNATURE** CHA 6 Mins PRIORITY AUTHORIZATION: TURNAROUND TIME: O-OIL P - POTABLE WATER S - SOIL A - AQUEOUS X - OTHER **SL-SLUDGE** SO - SOLID M = MATRIX No. = NUMBER OF CONTAINERS C - COMPOSITE G - GRAB T= TYPE C - COOL TO 4 °C A-ASCORBIC ACID N-NaOH H-HCI **P** = PRESERVATIVE H₂- H₂SO₄ Hn-HNO₃ SOP-CG-010 REV 4/96

USER CHARGE SELF MONITORING REPORT

NAME:	A & B FAMOUS GEFIL	TE FISH, INC. JUN 17 2008
ADDRESS:	209 MCLEAN BOULAN	ARD PATERSON, NJ 07504
FACILITY LOCATION:		VARD PATERSON, NJ 07504
NEW CUSTOMER ID / OUTLET ID:	27210031 - 1	OLD OUTLET DESIGNATION:

	Start			End	
мау	01	08	мау	31	08
MO	DAY	YR	MO	DAY	YR

VOLD	ISCHARGE	ED THIS PI	ERIOL)
45833.7			G	ALS
CU. FT X 7.48	= GALLON	IS		
51788 - 51143	= 645	X 10 X 7.48 =	48246	-5%=
EFFLUENT M	ETER REAL	DING LAS	ΓDA	YTHIS
PERIOD	51788	Last Per	iod	51143

DATE	BOD	TSS
May 15 2008	472 (mg/l)	76.4 (mg/l)
·		
		-

DATE	BOD	TSS
		,

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

SIGNATURE OF PRINCIPAL OR AUTHORIZED AGENT	TYPE NAME AND TITLE	TELEPHONE NUMBER
	Motty Berger	973-523-4101 ext. 103
		X
		DATE June 16, 2008

PVSC FORM MR-2 REV.3 6/93



NJDEP Certified Laboratory No. 14964 973-335-CALI FAX 973-335-0556

E-MAIL: calilabs@earthlink.net WEBSITE: www.calilabs.com

1259 Route 46, Building #4/C Parsippany, NJ 07054-4909

COMPLETE ANALYSIS LABORATORIES INC.

Mr. J. Major A&B Famous Gefilte fish Inc. 209 McLean Blvd Paterson, NJ 07054

ANALYSIS REPORT

REPORT DATE: MAY 21, 2008
PROJECT NO : 813524
LAB ID NO: 813524.1
LAB ID NO: 813324.1
FIELD ID NO. AREC 0513

Sample: Liquid, Sampled by Customer on 5/13/08

Parameter	Method No	Result (mg/L)	Analysis Date Time	RLs (mg/L)	DF
BOD ₅	405.1	472	5/14/08 8:40	2.0	1
TSS	160.2	76.4	5/15/08 8:00	4.0	1

Definitions:

pH Unit, J= Compound Detected but Below MDL, RLs= Laboratory Reporting Limits, MDL= Method Detection Limit, DF= Dilution Factor, ND = Not Detected RL = MDL x DF

Approved By:

Zvi Blank, Ph.D., CHMM Laboratory Director

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COMPLETE ANALYSIS LABORATORIES, INC.

PAGE OF (Lab use only) No. 2/3524

1259 ROUTE 46 BLDG. # 4 PARSIPPANY, NJ 07054-4909 PHONE: (973)335-CALI FAX: (973)335-0556

DELIVERABLES: (CIRCLE ONE) OTHER (Specify)

FAX: (973)335-0556 NJDEP LAB CERTIFICATION # 14964

CLIENT	A&B FÁMOUS GEFÍLTTÉ FISH INC.							
ADDRESS	209 MCLEAN BLV	209 MCLEAN BLVD						
CITY	PATERSON	PATERSON						
STATE	NJ	NJ ZIP 07054						

CONTACT _	J. MAJC)R	PHONE	(973)	523-4101	X 109	~
PROJECT	WASTEWATER						
SAMPLER	name	6. Ph	mir	sign	an		
WITNESSED BY	name					/	

LAB ID	FIELD ID	SAMPLING DATE/TIME	м	Т	No .	Р	ANALYSIS		
813524,1	ABFG- ON)	0/15/12 13:10	A	C	1	С	BOD,TSS		
81252-41	ABFG- CO15	J130 13:10	Α	C	1	Hn,C	Pb,Zn,Cd,Cu,Hg,Ni		
	·								
PEMARKS					*		// 1		
	COMPOSITE SAMPLER WAS SET UP ON STILLOZE 13100 ; SAMPLE WAS COLLECTED ON 3/13 US F 1								
	SAMPLING FREQUENCY – 30 MINUTES.								

RELINQUISHED BY			RECEIVED BY			DATE	TIME	METHOD OF RELINQUISH.	RECEIVING ORGANIZATION
NAME	SIGN	ATURE	NAME SIGN.		IRE				
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TURNAROUN	D TIME	:			PRIOF	RITY AU	THORIZ	ATION:	
· · · · · · · · · · · · · · · · · · ·			- POTABLE O - SOLID				- SOIL - OTHER	O - OIL	
T= TYPE C - COMP		POSITE G - GRAB			No. =	NUMBER OF CO	NTAINERS		
P = PRESERVATIVE H ₂ - H ₂ SO ₄			Hn-HNO ₃	H -HCI	N-N	NaOH	A-ASC	ORBIC ACID	C - COOL TO 4 °C
SOP-CG-010 REV	4/96	L							